

# Wisconsin Medicaid and BadgerCare update

September 2001 • No. 2001-33

PHC 1821

## Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Dentists  
HMOs and Other  
Managed Care  
Programs

### Exceeding Medicaid limitations on frequency of restorative services

This *Wisconsin Medicaid and BadgerCare Update* restates Wisconsin Medicaid's policies limiting the frequency of restorative services. Dentists may exceed the frequency limitations for certain restorative services if they submit a narrative that demonstrates the medical necessity of the service.

#### **Certain restorative services may have their frequency limitations exceeded**

Wisconsin Medicaid limits the frequency of restorative services on each tooth. However, for certain procedures, dentists can exceed this limitation and receive reimbursement if they submit a narrative that demonstrates the medical necessity for replacing a properly completed restorative procedure in Element 61 of the American Dental Association Version 2000 claim form.

#### **Providers are required to include a description of medical necessity in narrative**

Medical necessity situations in which Wisconsin Medicaid enables providers to exceed frequency limitations include, but are not limited to:

- New surface decay.
- Recurrent decay.

- Fractured restorations.
- Lost filling.
- Fractured tooth.
- Replacement of defective filling.
- New filling replacing old filling after root canal treatment.
- Different restorative materials on same tooth (e.g., tooth #6 — surfaces DL amalgam, surface F composite).

The Wisconsin Medicaid Dental Handbook identifies the specific procedure codes that may have their frequency limitations exceeded when accompanied by narrative demonstrating medical necessity. The following two procedure codes should also have a notation that frequency limitations can be exceeded:

- D2386 or 02386: Resin-based composite — two surfaces, posterior-permanent.
- D2387 or 02387: Resin-based composite — three surfaces, posterior-permanent.

Refer to the Attachment of this *Update* for a complete list of restorative procedure codes that may have their frequency limitations exceeded when accompanied by a narrative demonstrating medical necessity.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

## ATTACHMENT

### Restorative services with frequency limitations that may be exceeded with a narrative

Code	Description of Service	Code	Description of Service
D2110	Amalgam ☞ one surface, primary	D2381	Resin-based composite ☞ two surfaces, posterior-primary
02110		02381	
D2120	Amalgam ☞ two surfaces, primary	D2382	Resin-based composite ☞ three or more surfaces, posterior-primary
02120		02382	
D2130	Amalgam ☞ three surfaces, primary	D2385	Resin-based composite ☞ one surface, posterior-permanent
02130		02385	
D2140	Amalgam ☞ one surface, permanent	D2386	Resin-based composite ☞ two surfaces, posterior-permanent
02140		02386	
D2150	Amalgam ☞ two surfaces, permanent	D2387	Resin-based composite ☞ three surfaces, posterior-permanent
02150		02387	
D2160	Amalgam ☞ three surfaces, permanent	D2930	Prefabricated stainless steel crown ☞ primary tooth
02160		02930	
D2330	Resin-based composite ☞ one surface, anterior	D2931	Prefabricated stainless steel crown ☞ permanent tooth
02330		02931	
D2331	Resin-based composite ☞ two surfaces, anterior	<b>D2932*</b>	Prefabricated resin crown
02331		<b>02932*</b>	
D2332	Resin-based composite ☞ three surfaces, anterior	<b>D2933*</b>	Prefabricated stainless steel crown with resin window
02332		<b>02933*</b>	
D2335	Resin-based composite ☞ four or more surfaces or involving incisal angle (anterior)	D2951	Pin retention ☞ per tooth, in addition to restoration
02335		02951	
D2380	Resin-based composite ☞ one surface, posterior-primary		
02380			

**\*Providers can exceed the frequency limitation with a narrative only if these services are provided to children 20 years of age and younger. Wisconsin Medicaid requires prior authorization to exceed the limitation for adults over 20 years of age.**